				293 98	1-4	9-03926
Form 990-T	EXTENDED TO FEBRE	RUARY :	16, 2021 Income T			OMB No 1545-0047
	(and proxy tax und				Γ	
	For calendar year 2019 or other tax year beginning APR 1,			R 31, 2020		2019
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990T for in				_ ₋	Open to Public Inspection fo 501(c)(3) Organizations Only
A Check box is	Do not enter SSN numbers on this form as it may Name of organization (Check box if name c				Emplo	yer identification number
address changed	AMERICAN CIVIL LIBERTI	-	•	Ī		oyees' trust, see ctions)
B Exempt under section	Print FOUNDATION, INC.					3-6213516
X 501(c 7/3)	Number, street, and room or suite no. If a P.O. box			E		ated business activity code instructions)
408(e)220(e)	Type 125 BROAD STREET, 18TH					
408A530(a) 529(a)	City or town, state or province, country, and ZIP of NEW YORK, NY 10004	or toreign post	al code	5	61	499
Book value of all assets	F Group exemption number (See instructions.)	<u> </u>			, 	
at end of year 501,661,2	78. G Check organization type 🕨 🗶 501(c) corp	poration	501(c) trust	401(a) tr	rust	Other trust
		1		the only (or first) unre		
	PARTNERSHIP INVESTMENT			complete Parts I-V. If		
describe the first in the bl business, then complete I	lank space at the end of the previous sentence, complete Pa	arts i and II, C	ompiete a Schedule	IVI TOT EACH ADDITIONAL	таде	וט
	rarts in-v. the corporation a subsidiary in an affiliated group or a parer	nt-subsidiary	controlled group?		Ye	s X No
If "Yes." enter the name a	nd identifying number of the parent corporation.		o			-
J The books are in care of	► TERENCE DOUGHERTY		<u>'</u> ,		2-	549-2500
) ———	d Trade or Business Income	,	(A) Income	(B) Expenses		(C) Net
1 a Gross receipts or sale	-					
b Less returns and allow Cost of goods sold (S Gross profit. Subtract Capital gain net incom		1c 2				
Cost of goods sold (SGross profit. Subtract		3				
4a Capital gain net incom		48	32,411.			32,411
b Net gain (loss) (Form	4797, Part II, line 17) (attach Form 4797)	4b				
c Capital loss deduction	for trusts	4c				
	partnership or an S corporation (attach statement)		299/322.	STMT 1		-299,322
6 Rent income (Schedul	•	6 7			-	
	ed income (Schedule E) raities, and rents from a controlled organization (Schedule F)	 				
-	a section 501(c)(7), (9), or (17) organization (Schedule G)					
	vity income (Schedule I)	10				
11 Advertising income (S	Schedule J)	11			_	
· ·	structions; attach schedule)	12	266 011		_	-266,911
13 Total. Combine lines Part II Deduction	3 through 12 ns Not Taken Elsewhere (See instructions for		266,911.			-200,911
(Deductions	must be directly connected with the unrelated busin	ness income		<u> </u>		
	icers, directors, and trustees (Schedule K)		EVEIVE		14	
15 Salaries and wages		4	+ # 7 ngg	<u>, : </u>	15	
16 Repairs and mainten	ance	1194 D	EC 1 7 202	U I I L	16	
17 Bad debts		L		<u> </u>	17	
•	dule) (see instructions)	0	GDEN, U	 	18 19	
19 Taxes and licenses20 Depreciation (attach	Form 4562)	<u> </u>	20	· -	19	
·	amed on Schedule A and elsewhere on return		21a		21b	
22 Depletion					22	
· /	erred compensation plans				23	
24 Employee benefit pro				F	24	
25 Excess exempt exper					25	
26 Excess readership co	·				26 27	
27 Other deductions (at 28 Total deductions. A	tach schedule) dd lines 14 through 27	•		<u> </u>	28	0
<i>y</i>	axable income before net operating loss deduction. Subtrac	ct line 28 from	line 13	<u> </u>	29	-266,911
Zo Join clated business to				Γ		
/	erating loss arising in tax years beginning on or after Janua	21 y 1, 20 10				
/	erating loss arising in tax years beginning on or after Janua	ny 1, 2010			30 31	0 -266,911

Form 990-T (20	115) AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC.		13-621351	6 Page 2
Part III	Total Unrelated Business Taxable Income			
32 Tota	of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	. 7	∆ 2 -266,	911.
33 Amo	ounts paid for disallowed fringes		33	
34 Char	itable contributions (see instructions for limitation rules)	[34	0.
35 Tota	I unrelated business taxable income before pre-2016 NOLs and specific deduction. Subtract line 34 from the sum of fin	es 32 and 33	35 -266,	911.
	uction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		36	
	of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	7 [37 -266,	911.
	offic deduction (Generally \$1,000, but see line 38 instructions for exceptions)	8		000.
1.	elated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37.	,,,		
11 /	r the smaller of zero or line 37	- 1/ 1	$\frac{39}{100}$ -266 ,	911.
Part/W				
40 Orga	naizations Taxable as Corporations. Multiply line 39 by 21% (0.21)		40	0.
	ts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from.			
	Tax rate schedule or Schedule D (Form 1041)	-	41	
42 Prox	y tax See instructions		42	
	native minimum tax (trusts only)		43	
//1	on Noncompliant Facility Income. See Instructions	·	44	
1 1 1	1. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	· · · · · · · · · · · · · · · · · · ·	45	0.
Part V	Tax and Payments			
46 a Fore	ngn tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a	7		
	r credits (see instructions) 46b		ļ	
	eral business credit. Attach Form 3800 46c			
d Cred	it for prior year minimum tax (attach Form 8801 or 8827) 46d			
	1 credits. Add lines 46a through 46d		46e	
	ract line 46e from line 45	I	47	0.
		lach schedule)	48	
	1 tax. Add lines 47 and 48 (see instructions)	1	49	0.
	net 965 tax fiability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	··· · · · · · · · · · · · · · · · · ·	50	0.
		5,829.		
	esturnated tax payments 516		}	
	deposited with Form 8868 51c			
-	ign organizations: Tax paid or withheld at source (see instructions) 51d]	
	up withholding (see instructions) 51e		ļ	
	it for small employer health insurance premiums (attach Form 8941) 51f		- {	
	r credits, adjustments, and payments: Form 2439		1	
	Form 4136 ☐ Other Total ► 51g	f		
52 Tota	payments. Add lines 51a through 51g		152 65,	829.
53 Estin	nated tax penalty (see instructions). Check if Form 2220 is attached		53	
54 Tax	due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		54	
55 Over	payment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		55 65,	<u>829.</u>
58° Ente	r the amount of line 55 you want. Credited to 2020 estimated tax 🕨 65,829 - Refu	nded 🕨	56	0.
Part VI	Statements Regarding Certain Activities and Other Information (see instruct	ions)	· · · · · · · · · · · · · · · · · · ·	
57 At ar	ny time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes	s No
over	a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			1
FinC	EN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			1
here	>			X
58 Durii	ng the tax year, did the organization receive a distribution from, or was it the granter of, or transferor to, a foreign	trust?		X_
If "Ye	es," see instructions for other forms the organization may have to file.			
59 Enter	r the amount of tax-exempt interest received or accrued during the tax year 🕨 \$			
	Under penalties of perpury I declare that I have examined their return, including accompanying schedules and statements, and to the becorrect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	st of my knowledg	ge and belief it is true,	
Sign	COO & GENERAL	T stay	the IRS discuss this return	a Path
Here		- M	preparer shown below (see	
	Signature of officer Date Title	unstr	ructions)? X Yes	No
	Print/Type preparer's name Preparer's signature Date C	neck if	PTIN	
Paid	7ACHARY SECAL 3a/mode / 10/30/20 SE	lf- employed	1	
Prepare	PARCHARI DISCRIP		P0151185	
Use Onl	y Firm's name ► RSM US LLP	irm's EIN 🕨	42-07143	25
•	4 TIMES SQUARE			
	Firm's address ► NEW YORK, NY 10036	hone no. 21	<u> 12-372-100</u>	
923711 01-27-	20		Form 990 -7	(2019)

AMERICAN CIVIL LIBERTIES UNION

Form 990-T (2019) FOUNDATION, INC.

13-6213516

Page 3

Schedule A - Cost of Goods Sold. Enter	method of invent	ory valuation > N/A	<u> </u>				
1 Inventory at beginning of year 1		6 Inventory at end of ye	ar		6		
2 Purchases 2	7 Cost of goods sold. Subtract line 6						
3 Cost of labor 3	from line 5. Enter here and in Part I,						
4a Additional section 263A costs		line 2			7		
(attach schedule) 4a		8 Do the rules of section	n 263A (v	vith respect to		Yes	No
b Other costs (attach schedule) 4b		property produced or	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b 5		the organization?					
Schedule C - Rent Income (From Real F (see instructions)	Property and	Personal Property I	Leased	d With Real Prop	erty)		
1. Description of property							
(1)	·				_		
(2)							
(3)							
(4)				_			
	ed or accrued			2(a) Deductions directly	connected with	the Income in	
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	of rent for pe	d personal property (if the percents resonal property exceeds 50% or if is based on profit or income)	age	3(a) Deductions directly columns 2(a) as	nd 2(b) (attach s	chedule)	
(1)							
(2)							
(3)							
(4)							
Total 0.	Total	· -	0.			<u> </u>	
(c) Total income. Add totals of columns 2(a) and 2(b). Enthere and on page 1, Part I, line 6, column (A)	•		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Debt-Financed	Income (see i	nstructions)				-	
		2. Gross income from		3. Deductions directly con to debt-finance		illocable	
1. Description of debt-financed property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) o	ther deductions ach schedule)	s
(1)							
(2)							
(3)							
(4)							
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule)		6. Column 4 divided by column 5		7. Gross Income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)		%					
(2)		%					
(3)		%					
(4)		%		•			
				nter here and on page 1, Part I, line 7, column (A)		re and on page ine 7, column (E	
Totals		•	.	0			0.
Total dividends-received deductions included in column	8			>	<u> </u>		0.

Form 990-T (2019) FOUNDATION, INC.

Form **990-T** (2019)

Schedule F - Interest, A		_,			Controlled O				(306 1113	struction	,
1. Name of controlled organizat	ide		oloyer cation ber			tal of specified ments made 5. Part of column included in the corganization's gro		ed in the cont	rolling	6. Deductions directly connected with income in column 5	
(1)											14.5
(2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations										
7. Taxable Income		nrelated incom ee instructions		9. Total o	of specified payr made	nents	10 Part of column in the controllingross	nn 9 tha ng orgar i income	nizatron's		eductions directly connected h income in column 10
(1)											
(2)									~		· · · · · · · · · · · · · · · · · · ·
(3)											.
(4)				•							
							Add colum Enter here and line 8, c		1, Part I,	l	dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)
Totals						▶			0.]	0.
Schedule G - Investme		ne of a S	ection (501(c)(7), (9), or (17) Org	anization				
1. Desc	ription of incol	me			2. Amount of	income	3. Deduction directly connected (attach sched	cted	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)											
(4)											
					Enter here and e Part I, line 9, co		4				Enter here and on page 1 Part I, line 9, column (B)
Totals						0.					0.
Schedule I - Exploited (see instru		Activity	Income	, Other	Than Adv	ertisin	g Income				
Description of exploited activity	2. G unrelated income trade or t	business e from	3. Expedirectly co- with prod- of unre- business	onnected duction plated	4. Net incon from unrelated business (co minus colum gain, compute through	I trade or dumn 2 n 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	attribut	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)		Ĩ									
	Enter her page 1, line 10,	Part I, col (A)	Enter here page 1, line 10, c	Part I, col (B)	L			•			Enter here and on page 1, Part II, line 25
Totals <u></u>	<u></u>	0.		0.							0
Schedule J - Advertising Part I Income From I	ng Incon Periodic	ne (see ii als Repo	orted on	s) a Cons	olidated	Basis					
					A Artheri	ising gain	T		,		7. Excess readership
1. Name of periodical		2. Gross advertising income		Direct tising costs		ol 2 minus ain, compute	5. Circulat income		6. Read cost		costs (column 6 minus column 5, but not more than column 4)
(1)						-					
(2)					_						
(3)					_						
(4)			\perp								
Totals (carry to Part II, line (5))		(,	0							0.

AMERICAN CIVIL LIBERTIES UNION

Form 990-T (2019) FOUNDATION, INC.

Total. Enter here and on page 1, Part II, line 14

13-6213516

%

% % Page 5

columns 2 through		•		a Separ	ate Dasis (For eac	ch perio	idical listed in P	art II, fill in		
1. Name of periodical				Direct or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7			rculation 6.	. Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)									<u> </u>	
(2)			[
(3)										
(4)	Î									
Totals from Part I	▶	0.		0.		-	-		0.	
		Enter here and on page 1, Part I, line 11, col (A)	page	ere and on 1, Part I, , col (B)] .				Enter here and on page 1, Part II, line 26	
Totals, Part II (lines 1-5)	▶	0.		0.				. •	0.	
Schedule K - Compen	sation	of Officers, I	Directo	rs, and	Trustees (see in	structio	ns)		<u></u>	
1. Name				2. Title		3. Percent of time devoted to business		pensation attributable related business		
(1)							0,	4		

Form 990-T (2019)

0.

(2) (3)

(4)

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION	NET INCOME OR (LOSS)
SRA PRIVATE EQUITY PORTFOLIO III (E & F) LP - ORDINARY BUSINESS INCOME (LOSS SRA PRIVATE EQUITY PORTFOLIO IV (E & F) LP - ORDINARY	-14,080.
BUSINESS INCOME (LOSS) SCHF USTE, LP - ORDINARY BUSINESS INCOME (LOSS)	-1,135. -284,107.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-299,322.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-c, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

AMERICAN	CIA	/TL	PIBEKLIES	ONTON
FOUNDATIO	N,	INC	·	
				·

13-6213516 Yes X No

				ᆮᅩ	
Did the corporation dispose of any investment	nt(s) in a qualified opportun	ity fund during the tax ye	ear?		Yes X No
If "Yes," attach Form 8949 and see its instru-			gain or loss.		<u> </u>
Part I Short-Term Capital Gai	ins and Losses (See	instructions.)			
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gal or loss from Form(s) 894	n 19,	(ħ) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g	1)	combine the result with column (g)
Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				-	
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					21,423.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37	7		4	
5 Short-term capital gain or (loss) from like-kini				5	
6 Unused capital loss carryover (attach computa				6	(
7 Net short-term capital gain or (loss). Combin		h		7	21,423.
Part II Long-Term Capital Gai					
See instructions for how to figure the amounts	(4)	(0)	(5)		(1)
to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gai or loss from Form(s) 894 Part II, line 2, column (n 19, 9)	(ħ) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b			•		
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					10.000
11 Enter gain from Form 4797, line 7 or 9				11	10,988.
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 37	7		12	
13 Long-term capital gain or (loss) from like-king	d exchanges from Form 8824			13	
14 Capital gain distributions				14	10.000
15 Net long-term capital gain or (loss). Combine		n h		15	10,988.
Part III Summary of Parts I and	<u> </u>				
16 Enter excess of net short-term capital gain (lin	ne 7) over net long-term capita	l loss (line 15)		16	21,423.
17 Net capital gain. Enter excess of net long-term	n capital gain (line 15) over net	short-term capital loss (line	e 7)	17	10,988.
18 Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the pro	pper line on other returns		18	32,411.
Note: If losses exceed gains, see Capital Los	ses in the instructions.				

LHA

Form

Department of the Treasu Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074

Name(s) shown on return

AMERICAN CIVIL LIBERTIES UNION

Social security number or taxpayer identification no.

12 (212516

FOUNDATION, IN	С.					T3-0	713210
Before you check Box A, B, or C belo statement will have the same informa broker and may even tell you which b	ow, see whether ation as Form 105 pox to check	you received any 99-B Either will s	r Form(s) 1099-B show whether you	or substitute statem ir basis (usually you	ent(s) from r cost) was	n your broker. A su reported to the IF	bstitute IS by your
Part I Short-Term. Transactions, see page 2	ions involving capit	al assets you held	1 year or less are go	enerally short-term (see	instruction	s). For long-term	····
Note: You may aggregate all codes are required. Enter the	short-term transace totals directly on S	tions reported on f Schedule D. line 1a	Form(s) 1099-B show	wing basis was reported to report	ed to the IRS	and for which no ac	ljustments or ctions)
You must check Box A, B, or C below.	Check only one bo	X. If more than one b	ox applies for your sho	rt-term transactions, comp	lete a separat	e Form 8949, page 1, for	
(A) Short-term transactions rep							
(B) Short-term transactions rep	•	-	=	eported to the IRS			
X (C) Short-term transactions no					Adjustman	it, if any, to gain or	, , , , , , , , , , , , , , , , , , ,
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss. If yo	où enter an amount	(h) Gain or (loss).
(Example 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the	in column column (f)	(g), enter a code in . See instructions.	Subtract column (e)
		(Mo., day, yr.)		Note below and see Column (e) In	(6)	(g)	from column (d) & combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
NET CAPITAL GAIN							
FROM SRA PRIVATE		- -		-		····	
EQUITY PORTFOLIO							20 465
III SCH. K-1						· · · · · · · · · · · · · · · · · · ·	20,465.
NET CAPITAL GAIN FROM SCHF USTE, LP			-	+			
SCH. K-1	-						958.
DOM: 1 -	,						
	-						
							
				+			
				+			
- .				+			
			.,				
			-	İ			
-							
						-	
				<u> </u>			<u> </u>

		_					
			-	† -		_	
· · · · · · · · · · · · · · · · · · ·							
<u></u>				 		-	
2 Totals. Add the amounts in colur negative amounts). Enter each to Schedule D, line 1b (if Box A abo	tal here and inclu	ude on your					
above is checked), or line 3 (if B	ox C above is ch	necked)					21,423.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

above is checked), or line 3 (if Box C above is checked)